
State: District of Columbia **First Filing Company:** Harleysville Insurance Company, ...
TOI/Sub-TOI: 17.0 Other Liability-Occ/Claims Made/17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: 2020-CL-GL-PANYNJ-PCIOHV/

Filing at a Glance

Companies: Harleysville Insurance Company
Harleysville Preferred Insurance Company
Harleysville Worcester Insurance Company

Product Name: General Liability

State: District of Columbia

TOI: 17.0 Other Liability-Occ/Claims Made

Sub-TOI: 17.0001 Commercial General Liability

Filing Type: Form

Date Submitted: 12/10/2019

SERFF Tr Num: NWPP-132184158

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: GLCEP11262019-01-H (DC)

Effective Date: 06/01/2020

Requested (New):

Effective Date: 06/01/2020

Requested (Renewal):

Author(s): Christine Jermann

Reviewer(s):

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

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General Information

Project Name: 2020-CL-GL-PANYNJ-PCIOHV Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 12/10/2019
State Status Changed: Deemer Date:
Created By: Christine Jermann Submitted By: Christine Jermann
Corresponding Filing Tracking Number:

Filing Description:

We submit for your review revisions to our General Liability program in District of Columbia.

Proposed effective date is 06/01/20 for new and renewal business. Please see filing memo for additional information.

We hope you are in a favorable position to grant approval however, if you have any comments or questions please let me know.

Company and Contact

Filing Contact Information

Christine Jermann, Specialist, Filings jermanc@nationwide.com
995 Yard St. 614-435-5826 [Phone]
GW-1M-GERS
Grandview Heights, OH 43212

Filing Company Information

Harleysville Insurance Company	CoCode: 23582	State of Domicile: Ohio
One West Nationwide Blvd.,	Group Code: 140	Company Type: Property &
Columbus, OH 43215	Group Name: Nationwide	Casualty
(614) 435-2792 ext. [Phone]	Insurance	State ID Number:
	FEIN Number: 41-0417250	

Harleysville Preferred Insurance Company	CoCode: 35696	State of Domicile: Ohio
One West Nationwide Blvd.	Group Code: 140	Company Type: Property &
Columbus, OH 43215	Group Name: Nationwide	Casualty
(614) 435-2792 ext. [Phone]	Insurance	State ID Number:
	FEIN Number: 23-2384978	

Harleysville Worcester Insurance Company	CoCode: 26182	State of Domicile: Ohio
One West Nationwide Blvd.	Group Code: 140	Company Type: Property &
Columbus, OH 43215	Group Name: Nationwide	Casualty
(614) 435-2792 ext. [Phone]	Insurance	State ID Number:
	FEIN Number: 04-1989660	

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		WAIVER OF IMMUNITY – PORT AUTHORITY	CG 74 35	01 20	END	New			CG 74 35 01 20 Waiver Of Immunity - Port Authority.pdf
2		WAIVER OF IMMUNITY – THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY	CG 74 36	01 20	END	New			CG 74 36 01 20 Waiver Of Immunity - Port Authority Of New York And New Jersey.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

WAIVER OF IMMUNITY – PORT AUTHORITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designated Port Authority

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. The following condition is added to **Section IV – Commercial General Liability Conditions**

We shall not, without obtaining the express advance written permission from the General Counsel of the Port Authority, raise any defense involving in any way the jurisdiction of the tribunal over the person of the Port Authority, the immunity of the Port Authority, its commissioners, officers, agents or employees, the governmental nature of the Port Authority, or the provisions of any statutes respecting "suits" against the Port Authority.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

WAIVER OF IMMUNITY – THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following condition is added to **Section IV – Commercial General Liability Conditions**

We shall not, without obtaining the express advance written permission from the General Counsel of the Port Authority, raise any defense involving in any way the jurisdiction of the tribunal over the person of the Port Authority, the immunity of the Port Authority, its commissioners, officers, agents or employees, the governmental nature of the Port Authority, or the provisions of any statutes respecting "suits" against the Port Authority.

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Filing Memo
Comments:	
Attachment(s):	Filing Memo Waiver Of Immunity PANYNJ.pdf
Item Status:	
Status Date:	

**Countrywide
Commercial General Liability
Form Memorandum**

We are requesting approval of the following endorsements:

- **CG 74 35 01 20** Waiver Of Immunity – Port Authority is an new, optional independent form. It will be available for any insured when a Port Authority (other than the Port Authority of New York and New Jersey) requires its attachment as a means of doing business with that Port Authority. There is no premium associated with this form.
- **CG 74 36 01 20** Waiver Of Immunity – The Port Authority Of New York And New Jersey is an new, optional independent form. It will be available for any insured when the Port Authority of New York and New Jersey requires its attachment as a means of doing business with the Port Authority. There is no premium associated with this form.

To facilitate the approval of this filing, we have included copies of the new endorsement forms.

We propose implementation of this filing effective 6/1/2020 for new and renewal business.

Companies	States
Harleysville Insurance Company Harleysville Preferred Insurance Company Harleysville Worchester Insurance Company	AL AR CT DC DE GA IA IL IN MA MD ME MI MN NC ND NE NH OH RI SC SD TN VA VT WI
Harleysville Insurance Company	CA CO KS MO TX
National Mutual Insurance Company	KY MS OK WV
Harleysville Insurance Company Harleysville Insurance Company of New Jersey Harleysville Preferred Insurance Company Harleysville Worchester Insurance Company	NJ PA
Harleysville Insurance Company Harleysville Preferred Insurance Company Harleysville Worchester Insurance Company National Mutual Insurance Company	FL
Harleysville Insurance Company Harleysville Insurance Company of New York Harleysville Preferred Insurance Company Harleysville Worchester Insurance Company	NY